



MONTHLY MORBIDITY REPORT

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Provisional Statistics

Louisiana Department
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Reported Morbidity
February, 1975

FROM THE

PUBLIC HEALTH STATISTICS SECTION

MENINGOCOCCAL DISEASE

Most physicians are aware of the necessity for prompt recognition and aggressive treatment of meningococcal disease, but there is confusion about management of asymptomatic case contacts. A case of meningococcal meningitis in a community often causes fear which borders on panic, and people having little or no contact with the patient often expect prophylactic medication.

For the purpose of updating recommendations of the Division of Health regarding the management of meningococcal disease, a meeting of a group of medical consultants was held in New Orleans on February 27, 1975. The following is a list of recommendations and pertinent facts evolving from this meeting:

1. Household contacts (especially children under 5 years of age), romantic contacts, and persons who have given mouth to mouth resuscitation to cases of meningococcal disease should be placed under close clinical surveillance (twice daily temperature reading and observation of other signs or symptoms consistent with the disease for 5 days). If any objective signs such as fever, headache, sore throat, exanthem, otitis, or stiff neck are observed the patient should be hospitalized immediately.
2. There is no evidence that school room, school bus, office, hospital, or other casual type contact with a case places a person at any higher risk of developing the disease than other persons in the general population.
3. When a case of meningococcal disease occurs in a school, it is unnecessary for school officials to send notices home to the parents of asymptomatic children nor to suggest that they consult their private doctors for prophylaxis. Such actions are unwarranted and are often responsible for creating community panic. School officials should consult the local health unit for advice.
4. When a person dies with meningococcal disease, there is no justification for requiring a closed casket funeral or for restricting attendance at the funeral of the deceased.
5. There is no satisfactory chemoprophylaxis for meningococcal disease. Sulfonamides are no longer recommended because of the emergence of resistant strains (unless the strain is known to be sulfonamide sensitive). Minocycline and rifampin have been shown to reduce carrier rates in adults; however, neither of these agents have been proven effective in preventing meningococcal disease when used as chemoprophylaxis in a controlled study. There have been recent reports of widespread vestibular reaction following administration of minocycline, and there is evidence of the emergence of rifampin resistant strains of meningococci. Penicillin for chemoprophylaxis is effective

only when administered in therapeutic doses. Meningococcal meningitis has been observed to develop in patients receiving penicillin "prophylaxis." Ampicillin, erythromycin, oxytetracycline, chloramphenicol, cephalixin, doxycycline, ethoxzolamide, nalidixic acid, coumermycin, and immune serum globulin have been demonstrated to be of little or no value in eliminating meningococci from asymptomatic subjects.

6. When a case of meningococcal disease is diagnosed, the patient should be treated immediately in a local hospital rather than being sent to a medical facility some distance removed, especially if he is being transferred because of his contagiousness. If it becomes necessary to transfer a diagnosed or suspected case, immediate local treatment should not be withheld.
7. Crystalline penicillin G is the drug of choice for the treatment of meningococcal disease. The recommended dose for children is 400,000 units/kg/day in divided intravenous doses, or 15 to 20 million units intravenously per day for adults. For patients sensitive to penicillin, give chloramphenicol 100 mg./kg/day in divided intravenous doses for children or approximately 4 grams/day for adults.
8. Rifampin and minocycline should not be used for treating meningo-

coccal disease.

9. *Neisseria meningitidis* cultures from blood, spinal fluid, or skin lesions should be forwarded to the Division of Health for serotyping.
10. Nasopharyngeal cultures from asymptomatic contacts of cases are not indicated. Done in this context, they serve no useful purpose.

REFERENCES

- Artenstein MS: Prophylaxis for meningococcal disease. *JAMA* 231:1035-1037, 1975.
- Center for Disease Control: *Morbidity and Mortality Weekly Report* 22(7): 58-59, February 17, 1973.
- Center for Disease Control: *Morbidity and Mortality Weekly Report* 24(2): 9-11, January 11, 1975.
- Devine, et al: Rifampin: levels in serum and saliva and effect on the meningococcal carrier state. *JAMA* 214:1055-1059, 1970.
- Gutter, et al: Effect of rifampin and minocycline on meningococcal carrier rates. *J Inf Dis* 124:199-205, 1971.
- Sanders E, et al: Prevention of meningococcal infections. *J of Inf Dis* 121:449-450, 1970.
- Weidmer, et al: Effectiveness of rifampin in eradicating the meningococcal carrier state in a relatively closed population: emergence of resistant strain. *J Inf Dis* 124:172-178, 1971.

SELECTED REPORTABLE DISEASES

(By Place of Residence)

| STATE AND PARISH TOTALS Reported Morbidity February, 1975 | ASEPTIC MENINGITIS | DIPHTHERIA | ENCEPHALITIS | ENCEPHALITIS, POST INFECTIOUS | HEPATITIS A AND UNSPECIFIED | HEPATITIS B | TUBERCULOSIS, PULMONARY | MENINGOCOCCAL INFECTIONS | PERTUSSIS | RABIES IN ANIMALS | RUBELLA* | SEVERE UNDERNUTRITION | SHIGELLOSIS | TYPHOID FEVER | OTHER SALMONELLOSIS | TETANUS | MEASLES | GONORRHEA | SYPHILIS, PRIMARY AND SECONDARY |
|---|--------------------|------------|--------------|----------------------------------|--------------------------------|-------------|----------------------------|-----------------------------|-----------|-------------------|----------|--------------------------|-------------|---------------|---------------------|---------|---------|-----------|------------------------------------|
| TOTAL TO DATE 1974 | 11 | 0 | 0 | 0 | 110 | 41 | 97 | 10 | 4 | 2 | 3 | 6 | 10 | 1 | 26 | 0 | 4 | 4149 | 110 |
| TOTAL TO DATE 1975 | 8 | 0 | 5 | 2 | 81 | 27 | 79 | 14 | 4 | 1 | 64 | 5 | 17 | 0 | 20 | 0 | 0 | 3313 | 90 |
| TOTAL THIS MONTH | 6 | 0 | 4 | 2 | 51 | 20 | 46 | 10 | 2 | 1 | 39 | 5 | 4 | 0 | 10 | 0 | 0 | 1528 | 32 |
| ACADIA | | | | | | | | | | | | | | | | | | 15 | |
| ALLEN | | | | | | | | | | | | | | | | | | | |
| ASCENSION | | | | | | | | | | | | | | | | | | 10 | |
| ASSUMPTION | | | | | 1 | | | | | | | 1 | | | | | | 10 | |
| AVOUELLES | | | | | | | | | | | | | | | | | | 7 | |
| BEAUREGARD | | | | | | | | | | | | | | | | | | 1 | |
| BIENVILLE | | | | | | | | | | | | | | | | | | | |
| BOSSIER | | | | | 4 | 1 | | | | | | | | | | | | 12 | 1 |
| CADDO | | | | | 4 | 3 | 2 | 1 | | | | | 3 | | 1 | | | 91 | 4 |
| CALCASIEU | | | | | 1 | 1 | | | | | | | | | 2 | | | 62 | |
| CALDWELL | | | | | | | | | | | | | | | | | | 3 | |
| CAMERON | | | | | | | 1 | | | | | | | | | | | 1 | |
| CATAHOULA | | | | | | | | | | | | | | | | | | 4 | |
| CLAIBORNE | | | | | | | | | | | | | | | | | | 2 | |
| CONCORDIA | | | | | | | | | | | | | | | | | | 7 | |
| DESOTO | | | | | | | | | | | | | | | | | | 7 | |
| EAST BATON ROUGE | | | | | 11 | 1 | 3 | | | | | | | | | | | 85 | 2 |
| EAST CARROLL | | | | | | | | | | | | | | | | | | 3 | |
| EAST FELICIANA | | | | | | | | | | | | | | | | | | 3 | |
| EVANGELINE | | | | | | | 1 | | | | | | | | | | | 7 | 1 |
| FRANKLIN | | | | | | | | | | | | | | | | | | 10 | |
| GRANT | | | | | | | | | | | | | | | | | | 2 | |
| IBERIA | | | | | 1 | | 1 | | | | | | | | | | | 9 | |
| IBERVILLE | | | | | | | | | | | | | | | | | | 8 | |
| JACKSON | | | | | | 1 | | | | | | | | | | | | | |
| JEFFERSON | 1 | | 1 | 2 | 2 | 3 | 2 | 5 | | | | | | | | | | 84 | |
| JEFFERSON DAVIS | | | | | | | | | | | | | | | | | | 1 | |
| LAFAYETTE | 2 | | 1 | | | | 3 | | | | | | | | | | | 30 | |
| LAFOURCHE | | | 1 | | 1 | | 1 | | | | | | | | 1 | | | 16 | |
| LASALLE | | | | | | | | | | | | | | | | | | 2 | |
| LINCOLN | | | | | | | 1 | | | 1 | | | | | | | | 71 | |
| LIVINGSTON | | | | | | | 1 | | | | | | | | | | | 3 | |
| MADISON | | | | | | | | | | | | | | | | | | 10 | 1 |
| MOREHOUSE | | | | | | | 1 | | | | | | | | | | | 11 | |
| NATCHITOCHE | | | | | | | | | | | | | | | | | | 3 | |
| ORLEANS | 1 | | 1 | | 11 | 7 | | 2 | | | 4 | | 1 | | 3 | | | 444 | 16 |
| OUACHITA | | | | | 1 | 1 | 5 | | 2 | | | | | | | | | 59 | 2 |
| PLAQUEMINES | | | | | | | | | | | | | | | 2 | | | 5 | |
| POINTE COUPEE | | | | | | | | | | | | | | | | | | 3 | |
| RAPIDES | | | | | 2 | | | | | | | | | | | | | 95 | |
| RED RIVER | | | | | | | | | | | | | | | | | | 2 | |
| RICHLAND | | | | | | | 3 | | | | | | | | | | | 17 | |
| SABINE | | | | | | | 4 | | | | | | | | | | | 1 | 1 |
| ST. BERNARD | | | | | 2 | 1 | | | | | 31 | | | | | | | 2 | |
| ST. CHARLES | | | | | 1 | | | | | | | | | | | | | 6 | |
| ST. HELENA | | | | | | | | | | | | 1 | | | | | | 7 | |
| ST. JAMES | | | | | | | 1 | | | | | | | | | | | 8 | |
| ST. JOHN | | | | | 1 | | | | | | | | | | 1 | | | 50 | |
| ST. LANDRY | | | | | 2 | | 4 | | | | | | | | | | | 15 | |
| ST. MARTIN | | | | | 3 | | 1 | 1 | | | | | | | | | | 7 | 1 |
| ST. MARY | | | | | 1 | | | | | | | | | | | | | 39 | 1 |
| ST. TAMMANY | | | | | | | 1 | | | | | | | | | | | 45 | 1 |
| TANGIPAHOA | | | | | | | 2 | 1 | | | | 2 | | | | | | 1 | 1 |
| TENSAS | | | | | | | 1 | | | | | | | | | | | 12 | |
| TERREBONNE | | | | | | | | | | | | | | | | | | 4 | |
| UNION | | | | | | | 1 | | | | | | | | | | | 4 | |
| VERMILION | 1 | | | | 1 | | 1 | | | | | | | | | | | 39 | |
| VERNON | 1 | | | | 1 | | 1 | | | | 4 | | | | | | | 19 | |
| WASHINGTON | | | | | | | | | | | | 1 | | | | | | 29 | |
| WEBSTER | | | | | | 1 | 4 | | | | | | | | | | | 16 | |
| WEST BATON ROUGE | | | | | | | | | | | | | | | | | | 1 | |
| WEST CARROLL | | | | | | | | | | | | | | | | | | 7 | |
| WEST FELICIANA | | | | | | | | | | | | | | | | | | 1 | |
| WINN | | | | | | | | | | | | | | | | | | | |
| OUT OF STATE | | | | | | | | | | | | | | | | | | | |

* Includes Rubella, Congenital Syndrome